

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA, SOUTHERN DIVISION

HUBERT JONES,
PLAINTIFF

SUMMONS IN A CIVIL ACTION

V.

DAVID JONES, et.al.,
DEFENDANTS.

CASE NUMBER: 1:05CV-612-MHT

TO: (Name and address of Defendant)

CORNELIUS JENKINS, INDIVIDUALLY
1265 McGIRTS CREEK DR. W.
JACKSONVILLE, FL 32221
OR C/O NIMNIGHT CHEVROLET
1550 CASSAT AVE.
JACKSONVILLE, FL 32221

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

DONNA C. CROOKS
P.O. DRAWER 65
DALEVILLE, AL 36322

RETURNED AND FILED

SEP 1 2006

CLERK
U. S. DISTRICT COURT
MIDDLE DIST. OF ALA.

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Debra P. Hackett

CLERK

[Signature]

(By) DEPUTY CLERK

DATE

8/3/04

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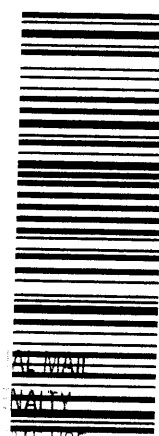
RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (<i>PRINT</i>)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Served personally upon the defendant. Place where served: </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Returned unexecuted: </div> <div> <input checked="" type="checkbox"/> Other (specify): <div style="margin-left: 20px;">CERTIFIED MAIL</div> </div>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Executed on _____ <div style="text-align: center; font-size: small;">Date</div> </div> <div style="width: 60%;"> _____ <div style="text-align: center; font-size: small;">Signature of Server</div> </div> </div> <div style="text-align: center; margin-top: 20px;"> _____ <div style="text-align: center; font-size: small;">Address of Server</div> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

1:05cv612

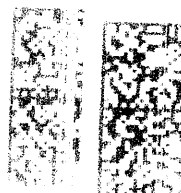
36104
RECEIVED
2006 SEP -1 A. 5h

CERTIFIED MAIL™



7005 1820 0002 3461 1505

DATE USE




Postage

\$06.70

POSTAGE

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
 Cornelius Jenkins Individually 1265 McGirts Creek Dr West Jacksonville, FL 32221		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1:05CV 612 J. C. Land Cms	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1820 0002 3461 1505	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	